

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596681

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10		1				
11			1			
12			1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	9	←	7	←		
TOTAL CLAIMS	10	[REDACTED]	8	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←	←	←
TOTAL CLAIMS						